

# Instructions for Completing Standard Form 1164

## 1. General Guidance

Learners must submit a SF 1164 to receive reimbursement for pre-paid off-site training.

## 2. Preparing a Claim

- a. The learner will prepare the Standard Form 1164 and submit required receipts.
- b. Submit the original or copied form. One record copy should be retained by the originator. The back of the form should be used if more space is needed for lengthy claims. Prepare the claim as follows:

Block 1 - Enter NSSC.

Block 4a - Enter full name.

Block 4b - Enter the last four digits of Social Security number.

Block 4c - Enter your address as the mailing address.

Block 4d - Enter office telephone number including the area code.

Block 6a - Enter date of expenditure.

Block 6b - Enter Code C for other expenses (itemized).

Block 6c & 6d - List expenditures with a suitable explanation as to the nature of the expense. Failure to furnish receipts, when applicable, will be fully explained on the form.

Block 6i - Enter the amount claimed.

Block 7 - Fill in the total amounts claimed.

Block 8 - Obtain the signature of Supervisor or Training Specialist as the Approving Official.

Block 9 - Obtain the signature of your Center's Training Officer (CTO) as the Authorized Certifying Officer or Designee.

Block 10 - Sign and date the claim.

## 3. Processing Claims

Claims will be returned if all signature blocks are not completed. Claims must be submitted to the CTO for processing. The CTO will review for appropriateness of expenditures and accuracy and will submit to the NSSC for payment.

<b>CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS</b>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE  NSSC		2. VOUCHER NUMBER  		
				3. SCHEDULE NUMBER  		
Read the Privacy Act Statement on the back of this form.				5. PAID BY  		
CLAIMANT	4. a. NAME (Last, first, middle initial)  Smith, John A.		b. SOCIAL SECURITY NO.  XXX-XX-1234			
	c. MAILING ADDRESS (Include ZIP Code)  1100 C Road Bay St. Louis, MS 39520		d. OFFICE TELEPHONE NUMBER  228-813-5000			
6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)						
DATE	C O D E	Show appropriate code in col. (b): A - Local travel B - Telephone or telegraph, or C - Other expenses (itemized)		MILEAGE RATE ¢	AMOUNT CLAIMED	
		(Explain expenditures in specific detail.)		NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)
(a)	(b)	(c) FROM	(d) TO			(h) ADD PERSONS
						(i) TIPS AND MISCEL- LANEOUS
10/01/09	C	Completion of Accounting II				
		Class at University of Southern				
		MS. Receipts are attached.				
		Attended January 15, 2009 to	May 3, 2009.			
		SUBTOTALS CARRIED FORWARD FROM THE BACK				
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).)				TOTALS	600	
8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)				10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.		
Sign Original Only				Sign Original Only		
APPROVING OFFICIAL SIGN HERE		DATE		CLAIMANT SIGN HERE		DATE
[Signature]		10/01/2009		[Signature]		10/01/2009
9. This claim is certified correct and proper for payment.				11. CASH PAYMENT RECEIPT		
Sign Original Only						
AUTHORIZED CERTIFYING OFFICER SIGN HERE		DATE		a. PAYEE (Signature)		b. DATE RECEIVED
[Signature]		10/02/2009		[Signature]		
				c. AMOUNT		
				12. PAYMENT MADE BY CHECK NO.		

ACCOUNTING CLASSIFICATION

## 6. EXPENDITURES - Continued

[illegible]

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.